

City of Tempe Automatic and Discretionary Disqualifier Questionnaire

NOTE: FAILURE TO ANSWER ALL OF THE FOLLOWING QUESTIONS IN DETAIL MAY DISQUALIFY YOUR APPLICATION

AUTOMATIC DISQUALIFIERS

The City of Tempe Police Department will automatically disqualify any individual who can answer "Yes" to any of the following questions. ***Please read and answer the following automatic disqualifiers:***

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony or any offense that would be a felony if committed in Arizona?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever sold, produced, cultivated, or transported marijuana, narcotics or dangerous drugs?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used any hallucinogenic drug including hallucinogenic mushrooms (except during religious ceremonies)? Hallucinogenic drugs also include LSD?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever illegally used dangerous drugs or narcotics, other than marijuana, for any purpose within the past seven years? <i>Examples of a dangerous drug or narcotic drug would be, but is not limited to: cocaine, crack, etc.; Methamphetamine (Crystal Meth or speed of any kind); Anabolic Steroids (after 1994), except prescription only or FDA approved over the counter preparations.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used illegally any other dangerous drugs or narcotics for any purpose within the past 7 years before the age of 21 years? (No use over the age of 21)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used illegally any dangerous drugs or narcotics (marijuana included) other than for experimentation? The use of an illegal drug is presumed to be not for experimentation by the Tempe Police Department if: 1. The use of marijuana exceeds a total of 20 times or exceeds 5 times since the age of 21 years. 2. The use of dangerous drugs or narcotics, other than marijuana, exceeds a total of 5 times before the age of 21 years.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been dishonorably discharged from the United States armed forces?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a pattern of abusing prescription medication?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you committed or violated federal, state, or city laws pertaining to criminal activity?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you lied during any stage of the hiring process?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you falsified your questionnaire or application?

If you answered "YES" to any of these questions please withdraw your application from consideration.

DISCRETIONARY DISQUALIFIERS

The following disqualifiers may, upon review by the Tempe Police Department, make you ineligible to become an employee of the City of Tempe Police Department. ***Please read and answer the following discretionary disqualifiers:***

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you engaged in unlawful sexual misconduct?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had excessive traffic violations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been involved in the commission of a felony?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received a discharge from the United States armed forces that was other than an honorable?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you demonstrated an unwillingness to honor fiscal contracts or just debts?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you engaged in any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the profession?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Had your Arizona Driver's license suspended as a result of excessive traffic violations or any other act that would automatically suspend your driver's license or received a suspended driver's license from another state as a result of similar circumstances?

If one or more of these disqualifiers pertains to you, be prepared to fully disclose the facts, circumstances, or details as part of a thorough background investigation and polygraph phase of the selection process.

I certify that I have read and understand the Automatic and Discretionary Disqualifiers associated with the City of Tempe's Police Department positions.

Applicant's signature

Date

MILITARY SERVICE	
Did you serve in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", what branch of service did you serve?	
Did you receive an Honorable Discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", please indicate the type of separation and explain in the space provided:	

ARREST RECORD
List all incidents in which you were arrested, cited, accused, or charged with a crime other than minor traffic violations. <i>Note: Reckless operation, hit-and-run, D.U.I., excessive speeding, and similar charges are NOT considered minor traffic offenses.</i>

Date	Location	Agency	Charge	Court Disposition/Action

CIVIL ACTIONS
List all civil actions in which you were a party.

Date	Location	Action or Proceeding	Court Disposition/Action

Continuation Section

ILLEGAL USE OF DRUGS / CONTROLLED SUBSTANCES

Type of Drug	Have you ever tried?	If "Yes", How many times?	How many times after age 21?	Date first used:	Date last used:	Have you ever sold, smuggled or transported for sale or personal gain?
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Hashish	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Cocaine / Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Methamphetamine / Speed	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Opium	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
LSD / Acid	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Peyote	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Mescaline	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other illegal drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Illegal use of prescription medications	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" on any of the areas listed above, please provide a full explanation on the continuation section (bottom of page 2). Include, if applicable, the following information:						
a) How the drug was ingested or consumed			b) The duration of usage			
c) The motivation for using the drug			d) How the drug was obtained			
e) Why you stopped using the drug			f) Any other factors you believe are relevant			

I hereby certify that this supplemental questionnaire was completed by me and all statements contained herein are true and complete to the best of my knowledge. I understand that omissions or misstatements may be cause for rejection of this application, removal of my name from the eligibility list, and/or discharge from City service. I understand that this information is subject to verification by any federal, state, and local agencies.

Applicant's Name (printed)

Applicant's Signature

Date